

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

71207
101705874

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3			1			
4			1		1	
5			1		1	
6						
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			2		2	
16			1		1	
17			1		1	
18			4		4	
19			1		1	
20			1		1	
21			4		4	
22			4		4	
23			4		4	
24			4		4	
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59						
60						
61						
62						
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80						
81						
82						
83						
84						
85						
86						
87	1					
88						
89	1					
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.						
TOTAL CLAIMS	47					

56